



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

SUPPLEMENTAL

REPORT NO. **E295520**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **13-03233**

LOCAL AGENCY CODING **0664**

TOTAL # OF UNITS **01** OBJECT STRUCK **ROADWAY DITCH**

DATE OF COLLISION **12-25-2013** TIME (2400) **0318** COUNTY # **31** MILES **0** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
SR 204 BLOCK NO. ☒ **8100** MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 2069471121**

LAST NAME **GREEN** FIRST NAME **ROBERT** MIDDLE INITIAL **G**

STREET NEW ADDRESS **8703 13TH ST NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982582452**

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # **GREENRG311L5** STATE **WA** SEX **M** D.O.B. **06-25-1989**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

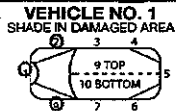
LICENSE PLATE # **AKR7241** STATE **WA** VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2003** MAKE **CHEV** MODEL **SUBUR** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **LIABILITY INSURANCE IN EFFECT** **INSURANCE CO & POLICY # COUNTRY FINANCIAL C48A4442369 EXP. NOV 2013**

VEHICLE LOCALLY STANDING YES ☐ NO ☒ CITATION # **3Z0694054** CHARGE **46.20.342.1C**



UNIT 02 MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE ☐

LAST NAME ☐ FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX ☐ D.O.B. ☐

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

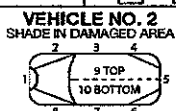
LICENSE PLATE # ☐ STATE ☐ VIN# ☐

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR ☐ MAKE ☐ MODEL ☐ STYLE ☐ VEHICLE TOWED YES ☐ NO ☐ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO. **LIABILITY INSURANCE IN EFFECT** **INSURANCE CO & POLICY #**

VEHICLE LOCALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **ROBERT MINER** BADGE OR ID # **095** AGENCY **WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E295520**

CASE # **13-03233**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>GREEN MADELINE M</b>									
ADDRESS & PHONE # <b>8703 13TH ST NE LAKE STEVENS WA 982582452 4255633131</b>											
SEX <b>F</b>		D.O.B. <b>MMDDYYYY</b>		<b>09</b>		<b>22</b>		<b>1996</b>			
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT # <b>1</b>	SEAT POS. <b>3</b>	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>POSSIBLE INJURED KNEE</b>		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. <b>MMDDYYYY</b>									
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. <b>MMDDYYYY</b>									
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

**NARRATIVE**

Unit #1 was west bound on SR 204 approaching the 8100 block. Driver unit #1 was fatigued and fell asleep. He first said his tire blew out, but the tire was intact. Unit #1 veered off the road and crashed into the embankment. The passenger received possible injury to her knee and was transported to the hospital by AID. Vehicle was off the roadway and driver Unit #1 stated he would call his own tow company through insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**12-28-13 10:22 PM**

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**12/28/2013 10:23:13 PM**

BADGE OR ID # **095**

ORI #

**WA0311900**

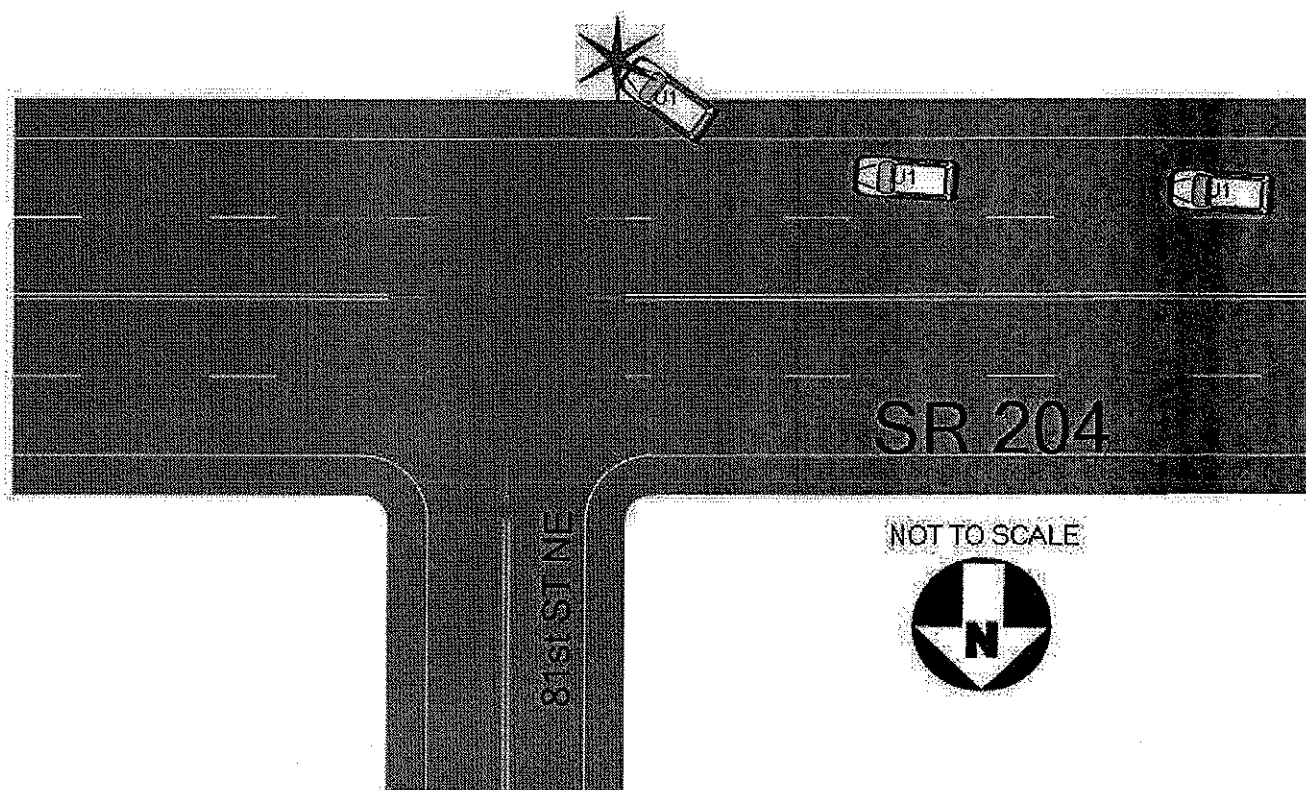
TIME POLICE DISPATCHED **3:18 AM**

TIME POLICE ARRIVED **3:18 AM**

REPORT NO. E295520

CASE # 13-03233


DATE AND TIME OF COLLISION 12/25/13 03:18



# LAKE STEVENS POLICE DEPARTMENT

## FIELD INCIDENT REPORT

CASE NUMBER 13-3233

DATA	INCIDENT CLASSIFICATION DWLS/R 3rd				ADDRESS / LOCATION OF INCIDENT 8100 SR 204				PREMISES TYPE / NAME Roadway				
	REPORTED ON MONTH 12 DAY 25 YEAR 13 TIME 0318				OCCURRED ON OR FROM MONTH DAY YEAR TIME				OCCURRED TO MONTH DAY YEAR TIME				
REPORTING PARTY	CODES: V - VICTIM W - WITNESS		B - VICT BUSINESS C - COMPLAINANT		P - POLICE G - PARENT/GUARD		0 - OTHERS						
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)			RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES
	STREET ADDRESS			CITY			STATE		ZIP		OCCUPATION/SCHOOL		
	RESIDENCE PHONE			BUSINESS PHONE			CELL PHONE			SOCIAL SECURITY NUMBER			
PROPERTY	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR	
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE	
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR	
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE	
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR	
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE	
	ITEM #	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION						MODEL #		COLOR	
	QTY	SERIAL #		ARTICLE/TYPE								EST. VALUE	
PERSON / SUSPECT	PERSON LISTED IS: <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER <input type="checkbox"/> WITNESS												
	NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES
	A1	Green, Robert G				w	n	m	6-25-69	6'5	295	blo	haz
	STREET ADDRESS				CITY		STATE		ZIP		RES. PHONE		
	8703 13 ST NE				Lake Stevens		wa		98258		206-947-1121		
	SOCIAL SECURITY NUMBER				OLN		ALIAS NAME(S)				IDENTIFIERS (SCARS, MARKS OR TATTOOS)		
531-96-0983 GREENRG311L5													
MISCELLANEOUS INFO:													
VEHICLE	NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER	YEAR	MAKE	MODEL	STYLE					
	1	AKR7241	Wa	3GNFK16Z53G161998	2003	Chevy	Suburban	SUV					
	COLOR	SPECIAL FEATURES / DESCRIPTION						REGISTERED OWNER'S PHONE					
	Whit												
REGISTERED OWNER'S NAME				REGISTERED OWNER'S ADDRESS				REGISTERED OWNER'S ALT. PHONE					
NARRATIVE	<p>On the listed date and time, I was investigating a single vehicle collision to which Suspect Green was the driver. He fell asleep at the wheel and drove his car into an embankment. While investigating the collision, it was learned that Green's driver's license status was DWLS/R 3rd for FTA/UNPAIND TKT effective 9-12-13. Records also showed that Green has received prior citations for the same. When asked if he was aware of his license status, Green informed me that he did.</p> <p>I issued criminal citation 3Z0695054 to Green for the charge of DWLS/R 3rd. I explained that he was to report to Marysville Court on 12-31-13 at 0830 hours. I also warned him that failure to appear in court could result in a warrant for his arrest. Green stated he understood and will appear.</p> <p>This case is closed with one adult arrest.</p>												
SIGNATURE	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.												
	I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE. _____ SIGNATURE OF PERSON _____ DATE _____ LOCATION SIGNED _____												
OFFICER NAME / NUMBER Sgt. R. Miner #95				APPROVED BY 				ENTERED					

Onscene	12/25/13	08:18:04
Closed	12/25/13	04:08:29

Loc: 81 AV SE/SR 204 , LKS (V)

Phone: 4258709122

0332	(SI0119)	\$1 REMF 1	SS1939						
0332	(SS95 )	REMIHQ	SS1913	MDTWANT	GREEN	MADELINE M	092296	WA	

0408	(SI 0115)	CLEAR	SS1913
0408		CLOSE	SS1913